

RECEIVED
U.S. DISTRICT COURT
N.D. OF NEW YORK
FILED

OCT 29 2013

LAWRENCE K. BAERMAN, Clerk
U.S.D.C.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:	
Peter J Nichols	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Name (Please Print Clearly) (to be completed by mailer) Peter J Nichols	
Street, Apt. No. or PO Box No. 212 First Street	
City, State, ZIP+4 Scotia, NY 12302	

PS Form 3800, July 1999. See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Peter J. Nichols
212 First Street
Scotia, NY 12302

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Peter J. Nichols* Agent Addressee

B. Return Receipt Requested Yes No

C. Date of Delivery: 10/29

2. Delivery Address
If YES, enter delivery address below:

OCT 29 2013

U.S. DISTRICT COURT
10/29/2013

1. Service Type
U.S. Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

2. Article Number
(Transfer from service label) 7099 3400 0005 5052 7637

3. Restricted Delivery? (Extra Fee) Yes

Re: 1:13-cv-0224, Doc's 24-25

4. Article Number
(Transfer from service label) 7099 3400 0005 5052 7637

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540